

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		2				
4		2				
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	2					
15	2					
16	2					
17	2					
18	2					
19	1					
20	1					
21	1					
22	1					
23	2					
24	2					
25	2					
26	2					
27	2					
28	2					
29	2					
30	1					
31						
32	1					
33	1					
34	1					
35						
36	1					
37						
38						
39						
40						
41						
42						
43						
44						
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1				16	1
52	1				16	
53	1				16	1
54	1				16	1
55					16	
56					16	1
57					16	1
58					16	1
59					16	2
60					16	2
61					16	2
62	3				16	2
63	3				16	1
64	3				16	1
65	1				16	2
66	1				16	2
67	2				16	1
68	2				16	1
69	1				16	1
70	1				16	1
71	1				16	1
72	1				16	1
73	1				16	1
74	1				16	1
75	1				16	1
76	1				16	2
77	1				16	2
78	2				16	2
79	2				16	1
80	2				16	1
81	1					
82	1					
83	2					
84	2					
85	1					
86	1					
87	1					
88	1					
89	1					
90	1					
91	1					
92	1					
93	1					
94	2					
95	2					
96	2					
97	1					
98	1					
99	2					
100	2					
TOTAL IND.					35	
TOTAL DEP.					156	
TOTAL CLAIMS					171	